



# Health Promotion and Prevention Initiatives (HPPI) Newsletter

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The HPPI Program is managed by the Directorate of Health Promotion and Wellness at the U.S. Army Center for Health Promotion and Preventive Medicine.

## IN THE SPOTLIGHT

### ***Pediatric obesity***

The prevalence of overweight and obesity among U.S. children and adolescents has doubled in the past two decades.

### **Fast Facts**

- » Results from the 2003-2004 National Health and Nutrition Examination Survey (NHANES), using measured heights and weights, indicate that an estimated 17% of children and adolescents ages 2-19 years are overweight.
- » This prevalence is nearly three times the target prevalence of 5% set in Healthy People 2010.
- » According to the Medical Surveillance Monthly Report (MSMR) for December 2006, the percentage of 18-year old civilian applicants for US military service who are nominally overweight (BMI greater than or equal to 25) has risen from 27% to 32% over the past 10 years.

### **Pediatric obesity intervention lessons learned from HPPI projects**

- » Pediatric weight management curricula should include nutrition, fitness, and behavioral health issues such as self-esteem and goal setting.
- » Elementary, middle, and high school students require curriculum that address age-specific issues for each group (such as eating disorders and peer pressure).
- » Keep goals for children and adolescents very small and simple. Help them set short-term, weekly goals. Reaching small goals is an effective motivational tool.
- » Using Soldiers as guest speakers – especially Soldiers who have had weight management challenges – is very effective and also well received by both children and adolescents.
- » Don't present weight management initiatives as a "diet" program. Instead, emphasize positive lifestyle changes.

## IDEAS FROM THE FIELD

### ***Take health promotion beyond the walls of the Military Treatment Facility (MTF)***

- » Ask line commanders what services you can provide.
- » Ask the unit the best way to provide health promotion services.
- » Be willing to schedule classes and other activities in locations other than the MTF in order to best reach the target audience.
- » Partner with as many resources as possible at the installation. For example: MWR, ACS, Child and Youth Services, Soldier Medical Readiness Center, Family Readiness Groups, Unit 1SGTs, and line leadership.

## HEALTH PROMOTION RESOURCES

VERB! It's what you do (physical activity resources for 9 – 13 year olds)

<http://www.cdc.gov/youthcampaign/>

Healthy Children, Healthy Choices (nutrition and lifestyle resources)

[http://www.cdc.gov/nccdphp/dnpa/nutrition/nutrition\\_for\\_everyone/quick\\_tips/healthy\\_children.htm](http://www.cdc.gov/nccdphp/dnpa/nutrition/nutrition_for_everyone/quick_tips/healthy_children.htm)

## PROGRAM POINTERS

### *What is Lean Six Sigma?*

The Army is being challenged to change the way it does business due to an increasingly complex, global operating environment. One of the tools the Army is using to achieve business transformation is Lean Six Sigma (LSS). Lean Six Sigma combines two approaches:

- » “Lean” is about reducing and eliminating non-value added activities.
- » “Six Sigma” is about reducing variation and increasing quality.

The Army is using LSS as a means to discover the non-value-added activities in the Army that hinder performance, and also to develop a consistent, Army-wide framework to best provide continuous, measurable improvement.

LSS is a change in thinking and approach, from a **task**-oriented mindset to a **process**-oriented mindset. LSS places a lot of emphasis on data-driven decisions.

Some recent LSS projects in the health care arena include: blood services, chemistry turn-around-times, point-of-care-testing, laboratory errors, phlebotomy success rate, and reference testing.

Does LSS work? In the project that looked at blood wastages for the blood bank:

- » Wastage due to expiration reduced from an average of 24% to about 7%
- » Unit savings of 992 units of red blood for a year were realized
- » Annual savings of more than \$213,000 were realized.

It is important to note that although big changes were made to blood inventory **processes**, there were no adverse effects on patient care, no change in workload or ordering practices, and no change in the amount of blood collected.

For more information about the Army’s implementation of LSS, go to:

<http://www.army.mil/ArmyBTKC/focus/cpi/tools3.htm>

## DON'T REINVENT THE WHEEL

### *June is Sun Safety Month*

The best way to prevent skin cancer is to protect yourself from the sun: seek shade, cover up, get a hat, grab sunglasses, and rub on sunscreen. For more sun safety resources go to:

[http://www.cdc.gov/cancer/skin/basic\\_info/](http://www.cdc.gov/cancer/skin/basic_info/)

[http://www.cdc.gov/cancer/skin/pdf/sunsafety\\_v0908.pdf](http://www.cdc.gov/cancer/skin/pdf/sunsafety_v0908.pdf)

## HPPI NEWS and FAQs

### *Keys to Effective Health Promotion*

Health promotion resource sheets have been developed based on former and current HPPI projects. The resource sheets include essential components found in successful, ongoing Army health promotion programs.

Building collaboration into health promotion:

<http://chppm-www.apgea.army.mil/dhpw/Population/Documents/CollaborationKeyNumber1.pdf>

Goal setting, responding to set-backs, increased self-awareness:

<http://chppm-www.apgea.army.mil/dhpw/Population/Documents/14HealthBehaviorChangeKey.pdf>

Setting health promotion priorities:

<http://chppm-www.apgea.army.mil/dhpw/Population/Documents/13SettingPrioritiesKey.pdf>

Using small steps to achieve health behavior change:

<http://chppm-www.apgea.army.mil/dhpw/Population/Documents/KeyNumber5.pdf>

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